



RETURN RECORDING INFORMATION TO:

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
FINANCIAL SERVICES ADMINISTRATION
OFFICE OF FINANCIAL RECOVERY
PO BOX 9501
OLYMPIA WA 98507-9501

NOTICE AND STATEMENT OF LIEN

Grantee or Debtor: SUNNIE DAY, also known as or
doing business as: _____

DOB: 09/21/1942 SSN: XXX-XX-1571

Grantor or Creditor: DSHS, Financial Services Administration, Office of Financial Recovery

Legal Description:

Assessor's Property Tax Parcel Account Number:

NOTICE IS GIVEN THERE IS debt owned to the State of Washington and the State of Washington files this lien in accordance with the provisions of RCW 74.04.300 and/or RCW 43.20B.620.

The Office of Financial Recovery files a lien in the amount of \$4,881.44 in SKAMANIA County on:

- ☒ All real and personal property of the debtor named above.
☐ Only the property described in the Legal Description section above.

CLIENT RECOVERY PROGRAM

CONTACT

1-800-562-6114

TELEPHONE NUMBER

In reply, refer to:
Case #: 2783631CR

DSHS 09-019a (REV. 06/2006)

S. Carol Trisko

AUTHORIZED REPRESENTATIVE
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

05/31/2011

DATE